Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 1 of 58

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF GEORGIA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Eirst name Marshal Middle name Bedgood Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9926		

Entered 09/05/17 12:13:32 Desc Main Page 2 of 58 Case 17-40866 Doc 1 Filed 09/05/17 Document

Case number (if known)

Debtor 1 Lance Marshal Bedgood

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
1. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)		
	doing business as names	EINs	EINs		
		EINS	EINS		
5.	Where you live		If Debtor 2 lives at a different address:		
		162 Maple Trce Pine Mountain, GA 31822-2826 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		·	Number, Street, Oity, State & Zii Gode		
		County County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Entered 09/05/17 12:13:32 Desc Main Page 3 of 58 Case 17-40866 Doc 1 Filed 09/05/17 Document

Debtor 1 Lance Marshal Bedgood

Case number (if known)

ar	Tell the Court About	Your Ba	ankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	☐ Ch	hapter 7					
		☐ Ch	hapter 11					
		☐ Ch	hapter 12					
		■ Cł	hapter 13					
3.	How you will pay the fee		about how yo	u may pay. Typ attorney is subr	en I file my petition. Plea ically, if you are paying the nitting your payment on y	ne fee yourself, you ma	ay pay with cash, cashi	er's check, or money
					callments. If you choose so (Official Form 103A).	this option, sign and at	tach the Application for	r Individuals to Pay
		_	but is not req applies to you	uired to, waive y ur family size an	ived (You may request the your fee, and may do so only you are unable to pay to Chapter 7 Filing Fee Waiv	only if your income is le the fee in installments).	ess than 150% of the of . If you choose this opti	fficial poverty line that ion, you must fill out
			ino Application	m to mave the c	maple / / ming / ee wan	ou (omoiai i omi 1005	y and more manyour po	oution.
O. Have you filed for ■ No. No. bankruptcy within the								
	last 8 years?	☐ Ye						
			District		When _		•	
			District		When _		Case number	
			District		When _		Case number	
10.	Are any bankruptcy	■ No)					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	☐ Ye	es.					
	affiliate?							
			Debtor			R	Relationship to you	
			District		When _	C	Case number, if known	
			Debtor			R	Relationship to you	
			District	-	When	C	Case number, if known	
11.	Do you rent your residence?	■ No						
		☐ Ye	es. Has yo	ur landlord obta	ined an eviction judgmer	nt against you and do y	ou want to stay in your	residence?
				No. Go to line	12.			
				Yes. Fill out <i>Ini</i> bankruptcy pet	itial Statement About an L ition.	Eviction Judgment Aga	inst You (Form 101A) a	and file it with this

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main

Debtor 1 Lance Marshal Bedgood Document Page 4 of 58 Case number (if known)

Par	Report About Any Bu	sinesses	You Own	as a Sole Proprietor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Go to Part 4.		
		☐ Yes.	Name and location of business			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any			
If you have more than one sole proprietorship, use a separate sheet and attach						
	it to this petition.			k the appropriate box to describe your business:		
				Health Care Business (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as defined in 11 U.S.C. § 101(53A))		
				Commodity Broker (as defined in 11 U.S.C. § 101(6))		
				None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	u are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure U.S.C. 1116(1)(B).			
	For a definition of small	No.	I am r	not filing under Chapter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	illing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy .		
		☐ Yes.	I am f	illing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or Any Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and		What is	the hazard?		
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property? Number, Street, City, State & Zip Code		
				Hamber, Orioti, Oriy, Oraco & Zip Oode		

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 5 of 58

Debtor 1 Lance Marshal Bedgood

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 6 of 58 Case number (if known) Debtor 1 Lance Marshal Bedgood Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes.

are paid that funds will be available to distribute to unsecured creditors?

8.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-199 □ 200-999	□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
9.		□ \$0 - \$50,000 □ \$50,001 - \$100,000 ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$0 - \$50,000 □ \$50,001 - \$100,000 ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion

Part 7: Sign Below

For you

after any exempt

be available for

creditors?

property is excluded and administrative expenses

are paid that funds will

distribution to unsecured

☐ No

☐ Yes

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Lance Marshal Bedgood Lance Marshal Bedgood Signature of Debtor 1	Signature of Debtor 2
Executed on September 5, 2017 MM / DD / YYYY	Executed on MM / DD / YYYY

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 7 of 58

Debtor 1 Lance Marshal Bedgood

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Case number (if known)

/s/ Brace W	/. Luquire	Date	September 5, 2017
Signature of A	Attorney for Debtor		MM / DD / YYYY
Brace W. L	uquire		
Printed name			
Brace W. L	uquire		
Firm name	•		
PO Box 268	84		
Columbus,	GA 31902-2684		
Number, Street, C	City, State & ZIP Code		
Contact phone	(706) 322-8557	mail address	BraceLaw@aol.com
461400			
Bar number & Sta	ite		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main

Page 12 of 58 Document Fill in this information to identify your case: Debtor 1 **Lance Marshal Bedgood** Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) MIDDLE DISTRICT OF GEORGIA United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pa	t 1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	200,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	95,200.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	295,200.00
Pa	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	216,421.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	85,437.00
	Your total liabilities	\$	301,858.00
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	9,619.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,463.00
Pa	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a persona	, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Case 17-40866 Doc 1 Document

Page 13 of 58 Case number (if known) Debtor 1 Lance Marshal Bedgood

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

12,450.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	2,511.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	2,511.00

	Cas	se 17-4086	6 Doc 1	Filed 09/ Docum		Entered 09/05/17 Page 14 of 58	12:13:32	Des	Main	
Fill	in this inform	ation to identify	your case and th	nis filing:						
Deb	otor 1	Lance Mars	nal Bedgood	e Name		Last Name				
	otor 2 use, if filing)	First Name		e Name		Last Name				
					CEORCI					
Unit	ted States Bar	kruptcy Court for	the: MIDDLE D	ISTRICT OF	GEORGI	A				
Cas	se number					-			Check if t	
n eachink nform nsw	chedule ch category, se i it fits best. Be mation. If more ver every quest	as complete and space is needed, ion. Each Residence, B	roperty escribe items. List accurate as possibl attach a separate sl	le. If two marri heet to this fo	ed people rm. On the	in asset fits in more than one ce e are filing together, both are ed e top of any additional pages, v on or Have an Interest In land, or similar property?	qually responsible	le for supp	e category wholying correct	•
	_			•		, , ,				
	No. Go to Part Yes. Where is									
1.1	162 Maple	, , ,	cription	■ Sing	gle-family h	? Check all that apply nome ti-unit building or cooperative	Do not deduct set the amount of any Creditors Who Ha	y secured o	laims on <i>Sche</i> e	dule D:
				_	nufactured	or mobile home	Current value of	the	Current value	of the
	Pine Moun	tain GA	31822-2826 ZIP Code	☐ Lan			entire property?		portion you ov	
	City	State	ZIF COUG	☐ Tim ☐ Othe Who has a			Describe the nat (such as fee sim a life estate), if k Fee simple	ture of you ple, tenan	r ownership ir	nterest
	Harris			☐ Deb	tor 2 only	-				
	County				tor 1 and [Debtor 2 only	Check if this	s is comm	unity property	,
						the debtors and another	(see instruction		,, ,	
					_	ou wish to add about this item, on number:	such as local			

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

pages you have attached for Part 1. Write that number here......

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$200,000.00

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Page 15 of 58

Case number (if known) Document Debtor 1 Lance Marshal Bedgood 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put **BMW** Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **X3** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2011 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$15,500.00 \$15,500.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Ford Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: C-Max Model: Debtor 1 only Creditors Who Have Claims Secured by Property. 2013 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another (1/2 interest - Debtor's wife's \$13,000.00 \$6,500.00 vehicle - She pays.) ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$22,000.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe.....

Household Goods and Furnishings (1/2 interest)

\$1,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

□ No

Yes. Describe.....

Phone

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

\$300.00

	Case 17-40866	Doc 1	Filed 09/05/17	Entered 09/05/17 12:13:32	Desc Main		
Debtor 1	Lance Marshal Bedge	ood	Document	Page 16 of 58 Case number (if known)			
☐ Yes.	Describe						
Example —	ent for sports and hobbie es: Sports, photographic, ex musical instruments		other hobby equipment; I	picycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;		
■ No □ Yes.	Describe						
■ No	ns les: Pistols, rifles, shotguns Describe	s, ammunition	, and related equipment				
□ No É	s les: Everyday clothes, furs, Describe	, leather coats	s, designer wear, shoes,	accessories			
					¢400.00		
	Clothin	g			\$400.00		
■ No □ Yes. 13. Non-far Example	les: Everyday jewelry, cost	, ,	engagement rings, wedd	ding rings, heirloom jewelry, watches, gems, ξ	gold, silver		
■ No □ Yes.	Describe						
■ No	ner personal and househo	-	u did not already list, ir	ncluding any health aids you did not list			
	ne dollar value of all of yo rt 3. Write that number ho			ny entries for pages you have attached	\$2,200.00		
	cribe Your Financial Assets						
Do you ow	n or have any legal or eq	uitable intere	est in any of the follow	ing?	Current value of the portion you own? Do not deduct secured claims or exemptions.		
■ No	les: Money you have in you			osit box, and on hand when you file your petiti	on		
 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No 							
Yes			Institution n	ame:			
	17.1.	Checking	Bank of A	merica	\$1,000.00		
	mutual funds, or publicly les: Bond funds, investmen			ey market accounts			
■ No □ Yes	lr	nstitution or is	suer name:				

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Page 17 of 58

Case number (if known) Document Debtor 1 Lance Marshal Bedgood 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) \$70,000.00 **Employer** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information.....

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Page 18 of 58

Case number (if known) Document Lance Marshal Bedgood Debtor 1 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No $\hfill \square$ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$71,000.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

■ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7:

Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Case 17-40866 Doc 1 Entered 09/05/17 12:13:32 Desc Main Filed 09/05/17

Page 19 of 58
Case number (if known) Document Debtor 1 **Lance Marshal Bedgood**

Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$200,000.00
56.	Part 2: Total vehicles, line 5	\$22,000.00		
57.	Part 3: Total personal and household items, line 15	\$2,200.00		
58.	Part 4: Total financial assets, line 36	\$71,000.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$95,200.00	Copy personal property total	\$95,200.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$295,200.00

Official Form 106A/B Schedule A/B: Property page 6 Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main

Fill in this information to identify your case:								
Debtor 1	Lance Marshal Bo	edgood						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States B	ankruptcy Court for the:	MIDDLE DISTRICT OF	GEORGIA					
Case number								
(if known)								

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
\$200,000.00		\$17,176.00	O.C.G.A. § 44-13-100(a)(1)
		100% of fair market value, up to any applicable statutory limit	
\$1,500.00		\$1,500.00	O.C.G.A. § 44-13-100(a)(4)
		100% of fair market value, up to any applicable statutory limit	
\$300.00		\$300.00	O.C.G.A. § 44-13-100(a)(4)
		100% of fair market value, up to any applicable statutory limit	
\$400.00		\$400.00	O.C.G.A. § 44-13-100(a)(4)
		100% of fair market value, up to any applicable statutory limit	
\$1,000.00		\$1,000.00	O.C.G.A. § 44-13-100(a)(6)
		100% of fair market value, up to any applicable statutory limit	
	\$200,000.00 \$1,500.00 \$300.00 \$400.00	\$1,500.00 \$1,000.00 \$1,000.00 \$1,000.00	\$200,000.00 \$17,176.00 \$100% of fair market value, up to any applicable statutory limit \$300.00 \$100% of fair market value, up to any applicable statutory limit \$300.00 \$100% of fair market value, up to any applicable statutory limit \$300.00 \$100% of fair market value, up to any applicable statutory limit \$400.00 \$100% of fair market value, up to any applicable statutory limit \$400.00 \$100% of fair market value, up to any applicable statutory limit \$1,000.00 \$1,000.00 \$1,000.00

Document Page 21 of 58 Case number (if known) Lance Marshal Bedgood Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 401(k): Employer O.C.G.A. § 18-4-22 \$70,000.00 \$70,000.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Entered 09/05/17 12:13:32

Desc Main

Filed 09/05/17

Case 17-40866

Yes

Doc 1

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main

	Document Pa	ae 22 of 58		
Fill in this information to identify yo	our case:			
Debtor 1 Lance Marshal	Bedgood			
First Name		Name	_	
Debtor 2 (Spouse if, filing) First Name	Middle Name Last I	Nama	_	
(Spouse II, IIIIIIg) FIISt Name	Middle Name Last i	vanie		
United States Bankruptcy Court for the	e: MIDDLE DISTRICT OF GEORGIA		_	
Case number				
(if known)			☐ Check	if this is an
			amend	ded filing
Official Forms 400D				
Official Form 106D			_	
Schedule D: Creditor	s Who Have Claims Sec	ured by Propert	ty	12/15
	. If two married people are filing together, bot t out, number the entries, and attach it to this			
1. Do any creditors have claims secured	by your property?			
☐ No. Check this box and submit	this form to the court with your other sched	lules. You have nothing else	to report on this form.	
Yes. Fill in all of the information	n below.			
Part 1: List All Secured Claims				
	a more than one accurad plaim, list the graditor of	Column A	Column B	Column C
for each claim. If more than one creditor ha	s more than one secured claim, list the creditor se as a particular claim, list the other creditors in Par tical order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion If any
2.1 Bank of America	Describe the property that secures the cla		\$15,500.00	\$3,581.00
Creditor's Name	2011 BMW X3		<u> </u>	
4909 Savarese Cir	As of the date you file, the claim is: Check a	l II that		
Tampa, FL 33634	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
, , , ,	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	■ An agreement you made (such as mortgage	ge or secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's	s lien)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
•				
Date debt was incurred	Last 4 digits of account number			
2.2 Carmax Auto Finance	Describe the property that secures the also	im. \$14.516.00	¢42 000 00	¢1 516 00
2.2 Carmax Auto Finance Creditor's Name	Describe the property that secures the cla	im: \$14,516.00	\$13,000.00	\$1,516.00
	(1/2 interest - Debtor's wife's veh	icle		
	- She pays.)			
12800 Tuckahoe Pkwy	As of the date you file, the claim is: Check a apply.	II that		
Henrico, VA 23238	□ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortga	ge or secured		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic)	n lion)		
■ At least one of the debtors and another				
■ At least one of the debtors and another ☐ Check if this claim relates to a	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
community debt	— Oner (moduling a right to offset)			
Date debt was incurred	Last 4 digits of account number			

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 23 of 58

Debtor 1 Lance Marshal Bedgoo	ou .	Case number (if know)				
First Name Middle						
2.3 Citizens First	Describe the property that secures the claim:	\$182,824.00	\$200,000.00	\$0.00		
Creditor's Name	162 Maple Trace Pine Mountain, GA 31822-2826 Harris County					
PO Box 430 Lady Lake, FL 32158-0430	As of the date you file, the claim is: Check all th apply. Contingent	at				
Number, Street, City, State & Zip Code	Unliquidated					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.					
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage car loan)	or secured				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)				
$\hfill\square$ At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	Other (including a right to offset)					
Date debt was incurred	Last 4 digits of account number					
Add the dollar value of your entries in	Column A on this page. Write that number here:	\$216,421.	.00			
If this is the last page of your form, add Write that number here:	d the dollar value totals from all pages.	\$216,421.	.00			
Part 2: List Others to Be Notified f	or a Debt That You Already Listed					
trying to collect from you for a debt you	be notified about your bankruptcy for a debt tha owe to someone else, list the creditor in Part 1, a at you listed in Part 1, list the additional creditors this page.	and then list the collection age	ncy here. Similarly, if you l	have more		
Name, Number, Street, City, State 8 Bank of America	a Zip Code O	n which line in Part 1 did you ente	er the creditor? 2.1			
Attention: Bankruptcy PO Box 26012 Greensboro, NC 27420-60		st 4 digits of account number				
Name, Number, Street, City, State & Carmax Auto Finance	Zip Code O	n which line in Part 1 did you ente	er the creditor? 2.2			
Attention: Bankruptcy PO Box 440609 Kennesaw. GA 30160-9511		st 4 digits of account number				

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main

			Do	ocument	Page 24 of 58		
Fill in	this inforr	nation to identify your	case:				
Debto	r 1	Lance Marshal Be	edgood				
200.0		First Name	Middle Name	e	Last Name		
Debto							
(Spouse	e if, filing)	First Name	Middle Name	9	Last Name		
United	d States Ba	nkruptcy Court for the:	MIDDLE DISTI	RICT OF GEOF	RGIA		
•			-				
(if know	number _{n)}					П	Check if this is an
`	,						mended filing
							· ·
		<u>n 106E/F</u>					
Sche	edule E	:/F: Creditors W	/ho Have U	nsecured	Claims		12/15
Schedu Schedu left. Att	ile G: Execu ile D: Credit ach the Con nd case nur	tory Contracts and Unexp ors Who Have Claims Sec	pired Leases (Offic sured by Property. ge. If you have no i	ial Form 106G). I If more space is information to re	list executory contracts on Schedo Do not include any creditors with p needed, copy the Part you need, f port in a Part, do not file that Part.	partially secured claims fill it out, number the en	that are listed in tries in the boxes on the
		ors have priority unsecure					
_	No. Go to P		a olamo agamot y				
	Yes.	all 2.					
Part 2		II of Your NONPRIORIT	V Unsecured Cl	aime			
		ors have nonpriority unsec					
			_	-			
ш	No. You ha	ve nothing to report in this p	art. Submit this forr	n to the court with	your other schedules.		
	Yes.						
un tha	secured clair	m, list the creditor separately	y for each claim. Fo	or each claim listed	ne creditor who holds each claim. d, identify what type of claim it is. Do have more than three nonpriority uns	not list claims already inc	cluded in Part 1. If more
							Total claim
4.1	AES/SL	.M Trust	La	st 4 digits of acc	count number		\$2,511.00
	PO Box		w	hen was the deb	t incurred?		_
		urg, PA 17106-1047 treet City State Zlp Code	Λ.	of the date you	file, the claim is: Check all that app	alv.	
		rred the debt? Check one.	^3	s of the date you	me, the claim is. Oneok all that app	лу	
	■ Debtor			Contingent			
	☐ Debtor	•		Unliquidated			
		2 only 1 and Debtor 2 only		Disputed			
	_	·	Tv		RITY unsecured claim:		
		et one of the debtors and and	other	Student loans			
	☐ Check debt	if this claim is for a com	munity		ng out of a separation agreement or	divorce that you did not	
		m subject to offset?		port as priority cla		arrondo triat you did flot	
	■ No			Debts to pension	n or profit-sharing plans, and other si	milar debts	
	☐ Yes			Other. Specify			
					Student Loan		-

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 25 of 58

Case number (if know)

4.2	American Express	Last 4 digits of account number	\$2,948.00
	Nonpriority Creditor's Name PO Box 297871 Fort Lauderdale, FL 33329-7871	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify Credit Card	
4.3	Ashley Home Store	Last 4 digits of account number	\$966.00
	Nonpriority Creditor's Name		Ψ
	Synchrony 950 Forrer Blvd	When was the debt incurred?	
	950 Forrer Blvd Orlando, FL 32896-0001		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	
4.4	Bank of America	Last 4 digits of account number	\$19,229.00
	Nonpriority Creditor's Name PO Box 982238 El Paso, TX 79998-2238	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	• , , , , , , , , , , , , , , , , , , ,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 26 of 58 Case number (if know)

Lance Marsnai Bedgood	Case number (if know)	
Bank of America	Last 4 digits of account number	\$6,029.00
Nonpriority Creditor's Name PO Box 982238	When was the debt incurred?	
El Paso, TX 79998-2238 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	7.6 of the date you me, the ordinate. Officer all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other Specify Credit Card	
Citi	Last 4 digits of account number	\$7,287.00
Nonpriority Creditor's Name	When we the debt incorred?	<u> </u>
PO Box 6241 Sioux Falls, SD 57117-6241	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
lebt	\square Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card	
Citi	Last 4 digits of account number	\$4,529.00
Nonpriority Creditor's Name PO Box 6241	When was the debt incurred?	
Sioux Falls, SD 57117-6241		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	\square Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Card	

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Page 27 of 58
Case number (if know) Document

Interpretation of the debtors and another of the claim subject to offset? Interpretation of the debtors and another of the claim subject to offset? Interpretation of the debtors and another of the claim subject to offset? Interpretation of the debtors and another of the claim subject to offset? Interpretation of the debtors and another of the claim subject to offset? Interpretation of the debtors and another of the claim subject to offset? Interpretation of the debtors and another of the claim subject to offset? Interpretation of the debtors of the debtors and another of the claim subject to offset? Interpretation of the debtors of the debtors and another of the claim subject to offset? Interpretation of the debtors of the debtors and another of the claim subject to offset? Interpretation of the debtors and another of the claim subject to offset? Interpretation of the debtors and another of the claim subject to offset? Interpretation of the debtors and another of the claim subject to offset?	When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Loan Last 4 digits of account number	\$16,225.00
Interpolation of the claim subject to offset? Interpolation of the claim subject to offset?	□ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Loan	\$16 225 0 0
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community lebt Is the claim subject to offset? No Yes Lending Club Corp Ronpriority Creditor's Name T1 Stevenson St Ste 300	□ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Loan	\$16 225 0 0
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community lebt sthe claim subject to offset? No Yes Lending Club Corp Ronpriority Creditor's Name 71 Stevenson St Ste 300	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Loan	\$16 225 0 0
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community lebt s the claim subject to offset? No Yes Lending Club Corp Ionpriority Creditor's Name	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Loan	\$16.225.00
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community lebt s the claim subject to offset? No Yes Lending Club Corp Ronpriority Creditor's Name 71 Stevenson St Ste 300	□ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Loan	\$16.225.00
At least one of the debtors and another Check if this claim is for a community lebt s the claim subject to offset? No Yes Lending Club Corp Ronpriority Creditor's Name 71 Stevenson St Ste 300	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Loan	\$16.225.00
☐ Check if this claim is for a community lebt s the claim subject to offset? ■ No ☐ Yes ☐ Yes ☐ Yes ☐ Vending Club Corp ☐ Nonpriority Creditor's Name 71 Stevenson St Ste 300	Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Loan	\$16 225 0 0
lebt s the claim subject to offset? No Yes Lending Club Corp Jonpriority Creditor's Name 71 Stevenson St Ste 300	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Loan	\$16 225 0 0
No ☐ Yes Lending Club Corp Nonpriority Creditor's Name 71 Stevenson St Ste 300	report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Loan	\$16 225 0 0
_ending Club Corp Ionpriority Creditor's Name 71 Stevenson St Ste 300	Other. Specify Loan	\$16 225 n n
Lending Club Corp Nonpriority Creditor's Name 71 Stevenson St Ste 300		\$16 225 00
Nonpriority Creditor's Name 71 Stevenson St Ste 300	Last 4 digits of account number	\$16 225 no
Nonpriority Creditor's Name 71 Stevenson St Ste 300		
		Ţ. J,
	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply	
_		
,	-	
_	<u> </u>	
_	•	
	<u> </u>	
s the claim subject to offset?	Dibligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Loan	
The Home Danet		\$1,910.00
•	Last 4 digits of account number	\$1,910.00
CBNA	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply	
Vho incurred the debt? Check one.	,	
Debtor 1 only	☐ Contingent	
Debtor 2 only		
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
lebt s the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐Yes	Other. Specify Credit Card	
List Others to Be Notified About a Deb	t That You Already Listed	
	•	a collection agent
to collect from you for a debt you owe to son	neone else, list the original creditor in Parts 1 or 2, then list the collection agency here	. Similarly, if you
	Interpolation of the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community lebt is the claim subject to offset? No Yes The Home Depot Depot Depot Separation of the debtors and another CBNA Debtor 2 only Debtor 5 only Debtor 6 one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community lebt is the claim subject to offset? No Yes List Others to Be Notified About a Debtor 2 only if you have others to be notified at 3 to collect from you for a debt you owe to sor	As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Debtor 1 only

Name and Address **American Express** On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Official Form 106 E/F

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 28 of 58 Debtor 1 Lance Marshal Bedgood Case number (if know) **Attention: Correspondence** Part 2: Creditors with Nonpriority Unsecured Claims PO Box 981540 El Paso, TX 79998-1540 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Ashley Home Store/Synchrony Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attention: Bankruptcy ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 965064 Orlando, FL 32896-5064 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Bank of America** ☐ Part 1: Creditors with Priority Unsecured Claims Line 4.4 of (Check one): Attention: Bankruptcy Part 2: Creditors with Nonpriority Unsecured Claims PO Box 26012 Greensboro, NC 27420-6012 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Bank of America** Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attention: Bankruptcy ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 26012 Greensboro, NC 27420-6012 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citi Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Attention: Centralized Bankruptcy** ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 790040 Saint Louis, MO 63179-0040 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citi Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Attention: Centralized Bankruptcy** Part 2: Creditors with Nonpriority Unsecured Claims PO Box 790040 Saint Louis, MO 63179-0040 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? The Home Depot/CBNA Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attention: Centralized Bankruptcy Part 2: Creditors with Nonpriority Unsecured Claims PO Box 790040 Saint Louis, MO 63179-0040 Last 4 digits of account number Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total	6f.	Student loans	6f.	\$ Total Claim 2,511.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00

Entered 09/05/17 12:13:32 Desc Main Case 17-40866 Doc 1 Filed 09/05/17 **Document**

Page 29 of 58 Case number (if know) Debtor 1 Lance Marshal Bedgood

> Other. Add all other nonpriority unsecured claims. Write that amount 6i. 82,926.00 \$ here.

> Total Nonpriority. Add lines 6f through 6i. 6j. 85,437.00

Official Form 106 E/F

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main

		1700.111110.		
Fill in this infor	mation to identify your	case:		
Debtor 1	Lance Marshal B	edgood		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	GEORGIA	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
0	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	-				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
	,		21010	2.00	

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main

		Document	Page 31 of	58	_	
Fill in this info	rmation to identify your	case:				
Debtor 1	Lance Marshal Be	edgood				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the:	MIDDLE DISTRICT OF GEOR	RGIA			
Case number (if known)					☐ Check if this is an amended filing	
	orm 106H e H: Your Code	ebtors			12/15	į
people are filin ill it out, and n our name and	g together, both are equa umber the entries in the case number (if known).	ally responsible for supplying boxes on the left. Attach the A	correct information Additional Page to t	n. If more space is this page. On the to	rate as possible. If two married needed, copy the Additional Pag op of any Additional Pages, write	
_	······································	ou a.og a jo oace, aoe.		, a coacaton		
□ No						
Yes						
		lived in a community propert Nevada, New Mexico, Puerto R				
■ No. Go	to line 3.					
_		se, or legal equivalent live with	you at the time?			
in line 2 ag	gain as a codebtor only if D), Schedule E/F (Official	that person is a guarantor or	cosigner. Make su	re you have listed t	ng with you. List the person show the creditor on Schedule D (Office , Schedule E/F, or Schedule G to	ial
	mn 1: Your codebtor Number, Street, City, State and ZII	P Code		Column 2: The cr Check all schedul	reditor to whom you owe the deb les that apply:	t
162	stina Marie Bedgood Maple Trce e Mountain, GA 31822-	2826		■ Schedule D, □ Schedule E/F □ Schedule G Carmax Auto F	-, line	

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 32 of 58

Fill in this informa	tion to identify your case:	
Debtor 1	Lance Marshal Bedgood	
Debtor 2 (Spouse, if filing)		
United States Bar	nkruptcy Court for the: MIDDLE DISTRICT OF GEORGIA	
Case number (If known)		Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Fo	orm 106I	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. If you have more than one job, Employed Employed **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Product Manager** Office Admin Include part-time, seasonal, or **Engineered Specialty** self-employed work. Employer's name Products, Inc. SOMA Foundation, Inc. Occupation may include student or homemaker, if it applies. **Employer's address** PO Box 5346 3295 Cobb International Blvd Kennesaw, GA 30152 Columbus, GA 31906 How long employed there? 12 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 10,194.00 \$ 3,102.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 33 of 58

Deb	tor 1	Lance Marshal Bedgood	-	Ca	ase number (if known)	_				
					For Debtor 1		non-f	ebtor 2	ouse	
	Cop	y line 4 here	4.	\$	10,194.00	<u> </u>	\$	3,	02.00	<u> </u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	. \$	2,483.00)	\$	į	72.00)
	5b.	Mandatory contributions for retirement plans	5b.	. \$		_	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	322.00)	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d.			_	\$		0.00	_
	5e.	Insurance	5e.			_	\$		62.00	_
	5f.	Domestic support obligations	5f.	\$		_	\$		0.00	_
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.			_	\$		0.00	_
•						_	· —		0.00	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0,010100	_	\$		34.00	_
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	7,151.00	_	\$	2,4	168.00	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	. \$	o. o o)	\$		0.00	
	8b.	Interest and dividends	8b.	. \$		_	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	9	0.00	_	\$		0.00	_
	8d.	Unemployment compensation	8d.	. \$	0.00)	\$		0.00	_
	8e.	Social Security	8e.	. \$	0.00)	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$		_	\$		0.00	_
	8g.	Pension or retirement income	8g.		0.00	_	\$		0.00	_
	8h.	Other monthly income. Specify:	8h.	.+ \$	0.00	<u> </u>	»		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00		\$		0.0	0
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	7,151.00 +	8	2 46	8.00	= \$	9,619.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			7,131.00	_		0.00	_	3,013.00
11.	State Inclu	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a second control of the control of	depe					hedule 11.	4	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						12.	\$	9,619.00
13.	Do y	rou expect an increase or decrease within the year after you file this form No.	?						Combi month	ned ly income
	_	Voc Evolain:								

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 34 of 58

	in this info	tion to identify	our again			l		
		tion to identify yo						
Deb	tor 1	Lance Marsh	nal Bedge	ood			eck if this is: An amended filing	
Deb	otor 2						ŭ	ving postpetition chapter
(Spo	ouse, if filing)					_	13 expenses as of	the following date:
Unit	ed States Bankr	uptcy Court for the:	: MIDDL	E DISTRICT OF GEORG	GIA		MM / DD / YYYY	
l	e number nown)							
Of	fficial Fo	rm 106J						
So	chedule	J: Your I	Exper	ises				12/15
info	ormation. If m		eded, atta	. If two married people and the control in the cont				
Par	t 1: Descr	ibe Your House	hold					
1.	Is this a joir	nt case?						
	■ No. Go to □ Yes. Doe		in a separ	ate household?				
	□ N □ Y		st file Offic	al Form 106J-2, Expense	es for Separate House	ehold of Deb	otor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						■ No
	dependents				Daughter		17	□Yes
								□ No
								☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
3.		enses include		No				
		f people other ti d your depende	han $_{m au}$	Yes				
Est exp	imate your ex		our bankr	uptcy filing date unless				apter 13 case to report f the form and fill in the
the		h assistance and		government assistance cluded it on <i>Schedule I:</i>			Your exp	enses
•		,						
4.		or home owners and any rent for the		ses for your residence or lot.	. Include first mortgage	e 4. :	\$	1,330.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's				4b.		0.00
				upkeep expenses		4c.	·	200.00
5		owner's associat		dominium dues D ur residence. such as h	nome equity loans	4d. 5.	•	300.00

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 35 of 58

Dept	Lance Marshal Bedgood	case num	ber (if known)	
6.	Utilities:			
-	6a. Electricity, heat, natural gas	6a.	\$	240.00
	6b. Water, sewer, garbage collection	6b.	· ·	60.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.		600.00
	6d. Other. Specify: Pest Control	6d.	·	25.00
	Food and housekeeping supplies		\$	625.00
	Childcare and children's education costs	8.	\$	0.00
		9.	·	
	Clothing, laundry, and dry cleaning Personal care products and services	9. 10.		140.00
	•			65.00
	Medical and dental expenses	11.	>	300.00
	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	288.00
	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	·	500.00
	Charitable contributions and religious donations	14.	·	0.00
	Insurance.	14.	Φ	0.00
-	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.		0.00
	15c. Vehicle insurance	15c.		210.00
	15d. Other insurance. Specify:	15d.	*	
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	130.	Ψ	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
	Installment or lease payments:		Ψ	0.00
	17a. Car payments for Vehicle 1	17a.	\$	300.00
	17b. Car payments for Vehicle 2	17b.	· · · — — — — — — — — — — — — — — — — —	0.00
	17c. Other. Specify:	176.		
			·	0.00
	17d. Other. Specify:	17d.	Φ	0.00
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	300.00
	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		0.00
	Other real property expenses not included in lines 4 or 5 of this form or on <i>Sched</i>		our Income	
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.		0.00
	20c. Property, homeowner's, or renter's insurance	20c.	·	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.		0.00
	20e. Homeowner's association or condominium dues	20d. 20e.		
			·	0.00
1.	Other: Specify: Misc & Wife's Personal Expenses	21.	+\$	980.00
2.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	6,463.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	6 462 00
	220. Add into 22a and 22b. The result is your monthly expenses.		Ψ	6,463.00
3.	Calculate your monthly net income.		,	
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	9,619.00
	23b. Copy your monthly expenses from line 22c above.	23b.		6,463.00
	• • •			
	23c. Subtract your monthly expenses from your monthly income.			0.450.00
	The result is your monthly net income.	23c.	\$	3,156.00
	Do you expect an increase or decrease in your expenses within the year after you			
	For example, do you expect to finish paying for your car loan within the year or do you expect your m modification to the terms of your mortgage?	nortgage	payment to increase	or decrease because o
	, , , , , , , , , , , , , , , , , , , ,			
	■ No. Xes Explain here:			

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 36 of 58

Fill in this infor	mation to identify your	case:			
Debtor 1	Lance Marshal Bo	edgood			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT O	F GEORGIA		
0					
Case number (if known)					☐ Check if this is an amended filing
Official Forr	m 106Dec				
Declarat	tion About a	ın Individua	ıl Debtor's S	chedules	12/15
years, or both. 1	y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below		nkruptcy case can resu	It in fines up to \$250,00	0, or imprisonment for up to 20
Did you pa	y or agree to pay some	one who is NOT an att	orney to help you fill ou	t bankruptcy forms?	
■ No					
☐ Yes. I	Name of person				cruptcy Petition Preparer's Notice, and Signature (Official Form 119)
that they ar	e true and correct. nce Marshal Bedgood		mmary and schedules f	iled with this declaratio	
	Marshal Bedgood are of Debtor 1		Signature	of Debtor 2	

Date

Date September 5, 2017

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 37 of 58

Fill in this information to identify your case:						
Debtor 1	Lance Marshal Bedgood					
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: Middle District of Georgia						
Case number (if known)						

Check	Check as directed in lines 17 and 21:								
l .	According to the calculations required by this Statement:								
1. Disposable income is not determined un 11 U.S.C. § 1325(b)(3).									
	 Disposable income is determined under 11 U.S.C. § 1325(b)(3). 								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 10,198.00 2,977.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 38 of 58

Lance Marshal Bedgood Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 10,198.00 2,977.00 13,175.00 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 13.175.00 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. non filing spouse personal expenses 725.00 725.00 Copy here=> 12,450.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 12,450.00 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). 12 149,400.00

15b. The result is your current monthly income for the year for this part of the form.

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 39 of 58

Lance Marshal Bedgood Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: GA 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 3 16c. Fill in the median family income for your state and size of household. 62.483.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 13,175.00 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 725.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 12,450.00 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 12,450.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 149,400.00 \$ 20b. The result is your current monthly income for the year for this part of the form 62,483.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Lance Marshal Bedgood **Lance Marshal Bedgood** Signature of Debtor 1 Date September 5, 2017 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 40 of 58

Fill in	this information to i	dentify you	case:						
Debto	r 1 Lance Ma	rshal Bedo	jood						
Debto (Spou	r 2 se, if filing)								
United	l States Bankruptcy C	ourt for the:	Middle District	of Georgia					
Case (if kno	number wn)						☐ Check if th	s is an ameno	led filing
	ı Form 122C-2 pter 13 Calc	culation	n of Your	[.] Disposal	ble Ir	ncome			04/16
	out this form, you wi itment Period (Offici			by of <i>Chapter 13</i> :	Stateme	nt of Your Current	Monthly Inco	me and Calcula	ntion of
space	complete and accura is needed, attach a s onal pages, write you	eparate she	et to this form,	Include the line					
Part 1	Calculate Your	Deductions	from Your Inc	ome					
the	e Internal Revenue So questions in lines 6- ormation may also be	15. To find	he IRS standar	ds, go online usi					
exp	duct the expense amorenses if they are higher C-1, and do not dedu	er than the s	andards. Do no	t include any opera	ating exp	enses that you subt	racted from inc	come in lines 5 a	
If yo	our expenses differ fro	m month to r	nonth, enter the	average expense	·.				
Not	e: Line numbers 1-4 a	re not used i	n this form. The	se numbers apply	to inform	nation required by a	similar form us	ed in chapter 7	cases.
5.	The number of peo	ple used in	determining yo	ur deductions fro	om inco	me			
	Fill in the number of plus the number of a the number of people	ny additiona	dependents wh	d as exemptions o nom you support. I	on your fe This num	ederal income tax ret ber may be different	urn, from	3	
Nat	ional Standards	You mu	st use the IRS N	National Standards	s to answ	ver the questions in li	ines 6-7.		
6.	Food, clothing, and Standards, fill in the					in line 5 and the IRS	S National	\$	1,378.00
7.	Out-of-pocket healt the dollar amount for people who are 65 of higher than this IRS	r out-of-pock r olderbeca	et health care. T use older peopl	he number of peole have a higher IR	ple is spl RS allowa	lit into two categories ance for health car co	speople who	are under 65 an	d

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main

Debtor 1	L	D00 ance Marshal Bedgood	cument	Page 41 —	L Of 58 Case number (if	known)		
Pec	-	who are under 65 years of age						
	7a.	Out-of-pocket health care allowance per persor	n \$	49				
	7b.	Number of people who are under 65	Х	3_				
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	147.00	Copy here=	> \$1	47.00	
Pec	ple v	who are 65 years of age or older						
	7d.	Out-of-pocket health care allowance per persor	s	117				
	7e.	Number of people who are 65 or older	X	0				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=	> \$	0.00	
	7g.	Total. Add line 7c and line 7f		\$_	147.00	Copy to	tal here=> \$	147.00
Bas	ed o	andards You must use the IRS Local Standard in information from the IRS, the U.S. Trustee Fotcy purposes into two parts:				d for housing	g for	
_	-	• • • • • • • • • • • • • • • • • • • •						
_		ing and utilities - Insurance and operating ex ing and utilities - Mortgage or rent expenses	oenses					
То	answ arate Hou	ver the questions in lines 8-9, use the U.S. True instructions for this form. This chart may alsusing and utilities - Insurance and operating ene dollar amount listed for your county for insurance.	so be availab xpenses: Us	le at the bank ing the numbe	ruptcy clerk's off r of people you en	ice.	·	fied in the 606.00
9.	Ηοι	using and utilities - Mortgage or rent expense	s:					
	9a.	Using the number of people you entered in line listed for your county for mortgage or rent expe		ollar amount		\$1,2	240.00	
	9b.	Total average monthly payment for all mortgage	es and other of	debts secured	by your home.			
		To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.						
		Name of the creditor		erage monthly ment	'			
		Citizens First	\$_	1,330.0	00			
		9b. Total average monthly pay	ment \$_	1,330.0	Copy here=>	-\$ 1 ,		eat this amount ine 33a.
	9c.	Net mortgage or rent expense.					7	
		Subtract line 9b (total average monthly paymer or rent expense). If this number is less than \$0,		a (<i>mortgage</i>	\$	0.00	Copy here=> \$_	0.00

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 42 of 58

ebtor 1	Lanc	e Marshal Bedgood		_	Case numbe	er (if known)		
11.	Local tr	ansportation expenses: Check the number of veh	icles for whi	ch you claim	an owners	hip or operating	g expense.	
	□ 0. Gc	to line 14.						
	□ 1. Gc	to line 12.						
	■ 2 or r	nore. Go to line 12.						
12.		operation expense: Using the IRS Local Standard g expenses, fill in the Operating Costs that apply for						430.00
13.	You may	ownership or lease expense: Using the IRS Local root claim the expense if you do not make any loan and two vehicles.						
Vel	hicle 1	Describe Vehicle 1: 2011 BMW X3						
13a.	Ownersh	nip or leasing costs using IRS Local Standard			\$	485.00		
13b.	Average	monthly payment for all debts secured by Vehicle 1	1.		_			
	Do not in	nclude costs for leased vehicles.						
	are cont	late the average monthly payment here and on line ractually due to each secured creditor in the 60 mortey. Then divide by 60.			at			
	Nai	me of each creditor for Vehicle 1	Average payment	monthly t				
	Ва	nk of America	\$	318.02				
		Total Average Monthly Payment	\$	318.02	Copy here =>	-\$31	Repeat this amount on line 33b.	
13c.		cle 1 ownership or lease expense line 13b from line 13a. if this number is less than \$6	0, enter \$0.		. \$	166.98	Copy net Vehicle 1 expense here => \$	166.98
Vel	hicle 2	Describe Vehicle 2: 2013 Ford C-Max (1/2 pays.)	interest - I	Debtor's wi	fe's vehi	cle - She		
13d.	Ownersh	nip or leasing costs using IRS Local Standard			\$	485.00		
13e.	Average leased v	monthly payment for all debts secured by Vehicle 2 ehicles.	2. Do not inc	clude costs fo	r			
	Naı	me of each creditor for Vehicle 2	Average payment	monthly				
	Ca	rmax Auto Finance	\$\$	241.93				
		Total average monthly payment	\$	241.93	Copy here => -\$	241.9	Repeat this amount on line 33c.	
13f.	Net Veh	cle 2 ownership or lease expense					Copy net	
	Subtract	line 13e from line 13d. if this number is less than \$	0, enter \$0.		\$	243.07	Vehicle 2 expense here => \$	243.07
14.		ransportation expense: If you claimed 0 vehicles Fransportation expense allowance regardless of					n the \$	0.00
15.	also ded	nal public transportation expense: If you claimed uct a public transportation expense, you may fill in a more than the IRS Local Standard for <i>Public Trans</i> .	what you be					0.00

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 43 of 58

Debtor 1 Lance Marshal Bedgood Case number (if known)

		ddition to the expense ded following IRS categories.	ductions listed above	e, you are allowed your monthly expenses	for	
16.	self-employment taxes, social se	ecurity taxes, and Medicar ver, if you expect to receiven to total monthly amount the	re taxes. You may in re a tax refund, you n	nd local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	\$	3,059.00
17	Involuntary deductions: The to		ctions that your job ro	aquiros, such as ratiroment	Ť —	
17.	contributions, union dues, and u		clions that your job re	equires, such as retirement		
	Do not include amounts that are	01(k) contributions or payroll savings.	\$	0.00		
18.	filing together, include payments	s that you make for your spinsurance on your dependent	spouse's term life insu	ie insurance. If two married people are urance. g spouse's life insurance, or for any form	\$	4.00
19.	Court-ordered payments: The			by the order of a court or		
	administrative agency, such as a Do not include payments on pass			You will list these obligations in line 35.	\$	300.00
20.	Education: The total monthly a	, , ,	lucation that is either	required:		
	as a condition for your job, or	•				
	for your physically or mentall	y challenged dependent c	child if no public educ	cation is available for similar services.	\$	0.00
21.	Childcare: The total monthly an Do not include payments for any			sitting, daycare, nursery, and preschool.	\$	0.00
22.	that is required for the health an by a health savings account. Inc		¢.	0.00		
	Payments for health insurance of	or health savings accounts	s should be listed onl	y in line 25.	\$	0.00
23.	Optional telephone and teleph for you and your dependents, su phone service, to the extent nec income, if it is not reimbursed by Do not include payments for bas expenses, such as those reporte	+\$	120.00			
		iount you providuoly doddotous				
24.	Add all of the expenses allow	ed under the IRS expens	se allowances.		\$	6,454.05
	Add lines 6 through 23.				\$	6,454.05
		ed under the IRS expens These are additional dec Note: Do not include any	ductions allowed by t	he Means Test.	\$	6,454.05
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability in	These are additional dec Note: Do not include any surance, and health sav	ductions allowed by t y expense allowance vings account expe	he Means Test.		6,454.05
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability in insurance, disability insurance, a	These are additional dec Note: Do not include any surance, and health sav and health savend health savings account	ductions allowed by t y expense allowance vings account expe	he Means Test. s listed in lines 6-24. nses. The monthly expenses for health		6,454.05
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability in insurance, disability insurance, a your dependents.	These are additional dec Note: Do not include any surance, and health savand health savand health savings accounts	ductions allowed by t y expense allowance rings account expents that are reasonab	he Means Test. s listed in lines 6-24. nses. The monthly expenses for health		6,454.05
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability in insurance, disability insurance, a your dependents. Health insurance	These are additional dec Note: Do not include any surance, and health savand health savand health savings accounts	ductions allowed by to a contract that are reasonal states and states are seasonal sta	he Means Test. s listed in lines 6-24. nses. The monthly expenses for health		6,454.05
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability in insurance, disability insurance, a your dependents. Health insurance Disability insurance	These are additional dec Note: Do not include any surance, and health savand health savings accounts	ductions allowed by to a contract that are reasonal states and states are seasonal sta	he Means Test. s listed in lines 6-24. nses. The monthly expenses for health		6,454.05 258.00
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability in insurance, disability insurance, a your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total	These are additional dec Note: Do not include any surance, and health sav and health savings account 4 \$\frac{1}{2}\$\$	ductions allowed by to expense allowance vings account expenses that are reasonables \$ 258.00 \$ 0.00	he Means Test. s listed in lines 6-24. nses. The monthly expenses for health oly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability in insurance, disability insurance, a your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you a	These are additional dec Note: Do not include any surance, and health sav and health savings account 4 \$\frac{1}{2}\$\$	ductions allowed by to expense allowance vings account expenses that are reasonables and the expense of the expenses of the ex	he Means Test. s listed in lines 6-24. nses. The monthly expenses for health oly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability in insurance, disability insurance, a your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you and Yes Continued contributions to the continue to pay for the reasonals.	These are additional dec Note: Do not include any surance, and health sav and health savings account amount? ctually spend? e care of household or fole and necessary care and pur immediate family who	ductions allowed by to expense allowance vings account expenses allowance vings account expenses account exp	he Means Test. s listed in lines 6-24. nses. The monthly expenses for health oly necessary for yourself, your spouse, o Copy total here=> e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	r	
25. 26.	Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability in insurance, disability insurance, a your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you a Yes Continued contributions to the continue to pay for the reasonal your household or member of you include contributions to an according the reasonal your household or member of you include contributions to an according the reasonal your household or member of you include contributions to an according the reasonal your household or member of you include contributions to an according the reasonal your household or member of you include contributions to an according the reasonal your household or member of your include contributions to an according the reasonal your household or member of your include contributions to an according the reasonal your household or member of your include contributions to an according the reasonal your household or member of your include contributions to an according the reasonal your household or member of your include contributions to an according the reasonal your household or member of your include contributions to an according the reasonal your household or member of your include contributions to an according the reasonal your household or member of your include the reasonal your household or member of your include the reasonal your household or member of your include the reasonal your household or member of your included the reasonal your household or member of your included the reasonal your household or member of your included the reasonal your household or member of your included the reasonal your household or member of your included the reasonal your household or member of your included the reasonal your household or member of your included the reasonal your household or member of your included the reasonal your household or member of your included the reasonal your household or member of your included the reason	These are additional dec Note: Do not include any surance, and health sav and health savings account and health savings account? amount? ctually spend? e care of household or fole and necessary care and our immediate family who unt of a qualified ABLE presence. The reasonably necessary care.	ductions allowed by to y expense allowance vings account expenses allowance vings account expenses account expenses account expenses account expenses account expenses account expenses allowance vings account expenses allowance ving	he Means Test. s listed in lines 6-24. nses. The monthly expenses for health oly necessary for yourself, your spouse, o Copy total here=> e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	r \$	258.00

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 44 of 58

Debtor 1	Lance Marshal Bedgood	Case number (if kno	own)		
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and operat	ing expenses o	n	
	If you believe that you have home energy of 8, then fill in the excess amount of home en	osts that are more than the home energy costs included in ergy costs	n expenses on	line	
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the ary.	e additional	\$_	0.00
	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The monthly expenses (rependent children who are younger than 18 years old to at	not more than ttend a private o	or	
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why not already accounted for in lines 6-23.	the amount		
	* Subject to adjustment on 4/01/19, and evo	ery 3 years after that for cases begun on or after the date	of adjustment.	\$	0.00
		he monthly amount by which your actual food and clothing allowances in the IRS National Standards. That amount s in the IRS National Standards.			
		ional allowance, go online using the link specified in the s so be available at the bankruptcy clerk's office.	eparate		
	You must show that the additional amount	claimed is reasonable and necessary.		\$_	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organisms.	e amount that you will continue to contribute in the form of inization. 11 U.S.C. § 548(d)(3) and (4).	cash or financia	al	
	Do not include any amount more than 15%	of your gross monthly income.		\$_	0.00
	Add all of the additional expense deducted Add lines 25 through 31.	ions.		\$_	258.00
Ded	uctions for Debt Payment				
	For debts that are secured by an interest oans, and other secured debt, fill in lines	in property that you own, including home mortgages, 33a through 33e.	vehicle		
	o calculate the total average monthly paymereditor in the 60 months after you file for ba	ent, add all amounts that are contractually due to each se nkruptcy. Then divide by 60.	ecured		
	Mortgages on your home			Avera	age monthly
33a.	Copy line 9b here		=>	•	1,330.00
	Loans on your first two vehicles			· —	1,000.00
33b.	Ones Para 40h hama		=>	Φ.	318.02
33c.	Copy line 13e here		->	• \$	241.93
33d.	List other secured debts:				
Nam	e of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?		
			□ No		
	-NONE-		☐ Yes	•	
			— 103	\$	
			□ No		
			☐ Yes	\$	
			□ No		
			□ Yes +	\$	
33e	Total average monthly payment. Add lines	s 33a through 33d \$ 1	889 95 tot	ppy tal re=> \$	1,889.95

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 45 of 58

Debtor 1	Land	ce Marshal Bedgood			Cas	e number (if known)			
		debts that you listed in lir property necessary for yo				,			
	No.	Go to line 35.							
	Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill	ssession of your propert						
Name	e of the	creditor	Identify property that s	ecures the del	ot	Total cure amount		Monthly	
-NO	NE-				\$		÷ 60 = \$		
					1		Сору		
					Total	\$0.	00 total here=	> \$_	0.00
05 D				.: -		-4			
		owe any priority claims - s due as of the filing date o				at			
	No.	Go to line 36.							
	Yes.	Fill in the total amount of a ongoing priority claims, su			de current or				
		Total amount of all past-	due priority claims			\$0.	00 ÷ 60	\$_	0.00
36. P r	rojecte	d monthly Chapter 13 pla	n payment			\$			
Ot th To	ffice of e Exec o find a l	nultiplier for your district as the United States Courts (foutive Office for United State ist of district multipliers that incl instructions for this form. This lis	or districts in Alabama an s Trustees (for all other oudes your district, go online	d North Caroldistricts). using the link sp	ina) or by	x			
A۱	verage	monthly administrative expe	ense			\$	Copy tot here=>		
		of the deductions for debes 33e through 36.	t payment.					\$	1,889.95
Total	Deduc	tions from Income							
38. A	dd all d	of the allowed deductions							
		ne 24, All of the expenses a e allowances		\$	6,454.05	_			
(Copy lir	ne 32, All of the additional e	xpense deductions	\$	258.00	<u> </u>			
(Copy lir	ne 37, All of the deductions	for debt payment	+\$	1,889.95				
7	Fotal de	eductions		\$	8,602.00	Copy total her	e=>	\$	8,602.00

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 46 of 58

Debtor 1	Lance Mars	shal Bedgood		Case	number (<i>if kno</i>	wn)		
Part 2:	Determine	Your Disposable Income Under 1	1 U.S.C. § 1325(b)(2)					
		current monthly income from line our Current Monthly Income and C					\$	12,450.00
chi disa rec	Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.					0.0	0_	
em in 1	11. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).					517.0	0	
42. Tot	al of all dedu	ctions allowed under 11 U.S.C. § 7	707(b)(2)(A). Copy lin	e 38 here=>	\$	8,602.0	0_	
exp the	enses and your responses. You	pecial circumstances. If special circ but have no reasonable alternative, de fou must give your case trustee a de and documentation for the expenses.	escribe the special cir	cumstances and				
Descri	be the specia	al circumstances	A	mount of expen	se			
			\$ _					
			\$					
			\$_					
			Total \$	0.00	Copy here=> \$		0.00	
44. To t	al adjustmer	nts. Add lines 40 through 43.		=> \$	9,1		Copy ere=> - \$	9,119.00
45. Ca l	•	monthly disposable income under	§ 1325(b)(2). Subtract	ct line 44 from lin	e 39.		\$	3,331.00
46. Ch o hav timo you	ange in incor ve changed or e your case w I filed your pe	me or expenses. If the income in For are virtually certain to change after fill be open, fill in the information belotition, check 122C-1 in the first colum, fill in when the increase occurred, a	the date you filed you ow. For example, if the nn, enter line 2 in the	r bankruptcy peti e wages reported second column, o	tion and du I increased	ring the after		
Form	Line	Reason for change		Date of change	Increas		Amount of cha	inge
☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220	D-2 D-1 D-2 D-1 D-2				☐ Incr ☐ Dec ☐ Incr ☐ Dec ☐ Incr ☐ Dec ☐ Dec	rease ease rease ease rease	\$ \$ \$	
☐ 1220 ☐ 1220					☐ Incr ☐ Dec		\$	

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 47 of 58

Debtor 1	Lance Marshal Bedgood	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that the in	formation on this statement and in any attachments is true and correct.
-	/s/ Lance Marshal Bedgood Lance Marshal Bedgood Signature of Debtor 1	
	September 5, 2017 MM / DD / YYYY	

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 48 of 58

Fill in	this informa	ation to identify you	r case:			
Debto	or 1	Lance Marshal E				
Debto	or 2	First Name	Middle Name	Last Name		
	e if, filing)	First Name	Middle Name	Last Name		
Unite	d States Banl	kruptcy Court for the:	MIDDLE DISTRICT OF G	EORGIA		
						
(if know	number					Check if this is an mended filing
	cial For		Affairs for Individ	duals Filing for B	ankruptcy	4/10
inform	nation. If mo er (if known)	ore space is needed, . Answer every que	attach a separate sheet to	this form. On the top of any	equally responsible for sup y additional pages, write you	
1. V	Vhat is your	current marital statu	ıs?			
	■ Married					
_	Not marri	ed				
2. D	ouring the las	st 3 years have you	lived anywhere other than	where you live now?		
_	_	st o years, nave you	inved any where other than	where you live now :		
		-II -C (b l	Sound South a locat Occasion Document	- Carabada ada ara		
•	Yes. List	all of the places you i	ived in the last 3 years. Do no	of include where you live now	<i>1</i> .	
I	Debtor 1 Pric	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
		an Rd Apt 383 X 77005-2306	From-To: August 2014 - January 2015	☐ Same as Debtor	I	☐ Same as Debtor 1 From-To:
	and territorie No Yes. Mak	s include Árizona, Ca	lifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (Of	vada, New Mexico, Puerto R	ity property state or territor; ico, Texas, Washington and V	
F	ill in the total	amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
	□ No					
	Yes. Fill i	n the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		f current year until for bankruptcy:	■ Wages, commissions, bonuses, tips	\$86,789.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Page 49 of 58
Case number (if known)

Document Debtor 1 Lance Marshal Bedgood

		Debtor 1		Debtor 2			
		Sources of income Check all that apply.			ome apply.	Gross income (before deductions and exclusions)	
For last calendar y (January 1 to Dece		■ Wages, commissions, bonuses, tips	\$93,000.00	☐ Wages, commissions, bonuses, tips			
		☐ Operating a business		☐ Operating a	business		
For the calendar y (January 1 to Dece		■ Wages, commissions, bonuses, tips	\$106,000.00	☐ Wages, commissions, bonuses, tips			
		☐ Operating a business		☐ Operating a	business		
and other public winnings. If you List each source	c benefit payments; u are filing a joint ca	her that income is taxable. Exa pensions; rental income; interse and you have income that yome from each source separat	est; dividends; money collect you received together, list it to	eted from lawsuits; only once under D	royalties; and ebtor 1.		
		Debtor 1		Debtor 2			
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of ind Describe below		Gross income (before deductions and exclusions)	
Part 3: List Cert	tain Payments You	ı Made Before You Filed for I	Bankruptcy				
6. Are either Deb No. Nei indi Dur C	ther 1's or Debtor 2 ther Debtor 1 nor levidual primarily for a ing the 90 days bef No. Go to line Yes List below paid that c not include subject to adjustmen	2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol ore you filed for bankruptcy, did	debts? Imer debts. Consumer debt d purpose." d you pay any creditor a total d a total of \$6,425* or more ts for domestic support obliquis bankruptcy case. s after that for cases filed on	al of \$6,425* or mo in one or more par gations, such as ch	re? /ments and th ild support a	ne total amount you nd alimony. Also, do	
Dur	ing the 90 days bef	or both have primarily consu ore you filed for bankruptcy, did		al of \$600 or more	?		
_	include pa	7. each creditor to whom you paid yments for domestic support ob r this bankruptcy case.					
Creditor's Na	me and Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	ayment for	
The Home D CBNA PO Box 649 Sioux Falls,	-	June 2017	\$9,900.00	\$1,910.00	☐ Mortgag ☐ Car ☐ Credit C ☐ Loan Re	ard	

☐ Suppliers or vendors

☐ Other__

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main

Page 50 of 58
Case number (if known) Document Debtor 1 Lance Marshal Bedgood

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for
	U.S. Bank PO Box 5227	June 2017	\$6,065.00	\$0.00	☐ Mortgag	е
	Cincinnati, OH 45201-5227				■ Credit Ca	ard
					Loan Re	• •
					☐ Suppliers	s or vendors
	Chase Card PO Box 15298	June 2017	\$7,105.00	\$0.00	☐ Mortgag	е
	Wilmington, DE 19850-5298				☐ Car ☐ Credit Car	ard
	-				■ Credit Ca	
						s or vendors
					☐ Other	
	 a business you operate as a sole proprietor. 1 alimony. No Yes. List all payments to an insider. 	. с.с.с. 3 тот. пющие ра	code payments for domestic support our		o, odon do oill	и зирроп апи
	. ,					4.
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider		ments or transfer a	any property on a	ccount of a d	ebt that benefited an
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment ditor's name
Par	t 4: Identify Legal Actions, Repossession	ns. and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.	cy, were you a party in ar				
	■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case
10.	Within 1 year before you filed for bankrupte Check all that apply and fill in the details below		erty repossessed, f	oreclosed, garnis	hed, attache	d, seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened	d			, ,,,,,,,

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Page 51 of 58 Case number (if known) Document Debtor 1 Lance Marshal Bedgood 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Value

Gifts or contributions to charities that total Describe what you contributed Dates you more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

Nο

Yes. Fill in the details.

Describe the property you lost and Describe any insurance coverage for the loss how the loss occurred

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

Nο

Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Description and value of any property transferred

Date payment or transfer was made

Amount of payment Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Page 52 of 58 Case number (if known) Document

Debtor 1 Lance Marshal Bedgood

17.	Within 1 year before you filed for bankruptopromised to help you deal with your credit. Do not include any payment or transfer that you No Yes. Fill in the details.	ors or to make payments		ehalf pay or transfer any prop	erty to anyone who
	Person Who Was Paid Address	Description and v transferred	alue of any propert	y Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your I Include both outright transfers and transfers minclude gifts and transfers that you have alrea No Yes. Fill in the details.	business or financial affa nade as security (such as t	i irs? he granting of a secu		
	Person Who Received Transfer Address	Description and v property transferr	ed	Describe any property or payments received or debts paid in exchange	Date transfer was made
19.	Person's relationship to you Within 10 years before you filed for bankru beneficiary? (These are often called asset-pi ■ No □ Yes. Fill in the details.		y property to a self-	-settled trust or similar device	e of which you are a
	Name of trust	Description and v	alue of the property	y transferred	Date Transfer was made
	List of Certain Financial Accounts, In Within 1 year before you filed for bankrupte sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolution No	cy, were any financial acc or other financial accour ociations, and other finan	counts or instruments; certificates of dicial institutions.	nts held in your name, or for y	lit unions, brokerage
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account o instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, St State and ZIP Code)	ess to it? Des	afe deposit box or other depo	Do you still have it?
22.	Have you stored property in a storage unit No Yes. Fill in the details.	or place other than your	home within 1 year	r before you filed for bankrup	tcy?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, State and ZIP Code)		scribe the contents	Do you still have it?

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Page 53 of 58 Case number (if known) Document

Debtor 1 Lance Marshal Bedgood

Pai	t 9: Identify Property You Hold or Control for	Someone Else							
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you borrowed from, are storing fo	r, or hold in trust					
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value					
Pai	t 10: Give Details About Environmental Inform	ation							
For	the purpose of Part 10, the following definitions	apply:							
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	ir, land, soil, surface water, groun							
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	•	law, whether you now own, operate,	or utilize it or used					
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or	mental law defines as a hazardous	s waste, hazardous substance, toxic	substance,					
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of whe	n they occurred.						
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e under or in violation of an environm	ental law?					
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any	release of hazardous material?							
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or admini	strative proceeding under any env	ironmental law? Include settlements	and orders.					
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Pai	t 11: Give Details About Your Business or Con	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have ar	ny of the following connections to an	y business?					
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, either full-time or part-time						
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)						
	☐ A partner in a partnership								
	☐ An officer, director, or managing execu	tive of a corporation							

 $\hfill \square$ An owner of at least 5% of the voting or equity securities of a corporation

Entered 09/05/17 12:13:32 Page 54 of 58 Case number (if known) Document Debtor 1 Lance Marshal Bedgood No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lance Marshal Bedgood Signature of Debtor 2 Lance Marshal Bedgood Signature of Debtor 1 Date September 5, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

☐ Yes. Name of Person

Case 17-40866

Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Filed 09/05/17

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 55 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Georgia

In	re	Lance Marsha	l Bed	good			Case No.		
					Deb	tor(s)	Chapter	13	
		DIS	CLC	SURE OF COMPE	ENSATION	OF ATTORN	EY FOR DI	EBTOR(S)	
1.	COI	mpensation paid to	me w	29(a) and Fed. Bankr. P. 2016 within one year before the fili e debtor(s) in contemplation	ing of the petitior	in bankruptcy, or a	greed to be paid	to me, for service	
		For legal service	es, I ha	ave agreed to accept			\$	3,250.00	
		Prior to the filin	g of th	nis statement I have received	l		\$	0.00	
		Balance Due					\$	3,250.00	
2.	Th	ne source of the con	mpens	ation paid to me was:					
		Debtor		Other (specify):					
3.	Th	e source of compe	nsatio	n to be paid to me is:					
		Debtor		Other (specify):					
4.	-	I have not agreed	d to sh	are the above-disclosed comp	pensation with a	ny other person unle	ess they are mem	bers and associate	s of my law firm.
				the above-disclosed compens together with a list of the na					ıy law firm. A
5.	In	return for the abo	ve-dis	closed fee, I have agreed to re	render legal servi	ce for all aspects of	the bankruptcy	case, including:	
	b. с.	Preparation and f	iling o	financial situation, and rend of any petition, schedules, sta bettor at the meeting of credit eded]	atement of affairs	and plan which ma	y be required;	-	ankruptcy;
6.	Ву	agreement with the	ne deb	tor(s), the above-disclosed fe	ee does not include	le the following ser	vice:		
					CERTIFICA	TION			
this		ertify that the fore kruptcy proceedin		is a complete statement of ar	ny agreement or a	arrangement for pay	ment to me for r	representation of th	ne debtor(s) in
	Sep	otember 5, 2017	,		/s/ E	race W. Luquire			
-	Dat					ce W. Luquire 46 ature of Attorney	1400		
						ce W. Luquire			
					_	Box 2684	2004		
						ımbus, GA 31902) 322-8557 Fax:		4	
					Brac	eLaw@aol.com			
					Nam	e of law firm			

Case 17-40866 Doc 1 Filed 09/05/17 Entered 09/05/17 12:13:32 Desc Main Document Page 56 of 58

United States Bankruptcy Court Middle District of Georgia

re	Lance Marshal Bedgood		Case No.	
		Debtor(s)	Chapter	13
	VERI	FICATION OF CREDITOR	MATRIX	
ab	ove-named Debtor hereby verifies t	hat the attached list of creditors is true and c	orrect to the best	of his/her knowledge.
ate:	September 5, 2017	/s/ Lance Marshal Bedgood		
	·	Lance Marshal Bedgood	·	

Signature of Debtor

AES/SLM Trust PO Box 61047 Harrisburg, PA 17106-1047

American Express PO Box 297871 Fort Lauderdale, FL 33329-7871

American Express Attention: Correspondence PO Box 981540 El Paso, TX 79998-1540

Ashley Home Store Synchrony 950 Forrer Blvd Orlando, FL 32896-0001

Ashley Home Store/Synchrony Attention: Bankruptcy PO Box 965064 Orlando, FL 32896-5064

Bank of America PO Box 982238 El Paso, TX 79998-2238

Bank of America 4909 Savarese Cir Tampa, FL 33634

Bank of America Attention: Bankruptcy PO Box 26012 Greensboro, NC 27420-6012

Carmax Auto Finance 12800 Tuckahoe Pkwy Henrico, VA 23238

Carmax Auto Finance Attention: Bankruptcy PO Box 440609 Kennesaw, GA 30160-9511 Christina Marie Bedgood 162 Maple Trce Pine Mountain, GA 31822-2826

Citi PO Box 6241 Sioux Falls, SD 57117-6241

Citi

Attention: Centralized Bankruptcy PO Box 790040 Saint Louis, MO 63179-0040

Citizens First PO Box 430 Lady Lake, FL 32158-0430

Lending Club Corp 71 Stevenson St Ste 300 San Francisco, CA 94105

The Home Depot CBNA PO Box 6497 Sioux Falls, SD 57117-6497

The Home Depot/CBNA Attention: Centralized Bankruptcy PO Box 790040 Saint Louis, MO 63179-0040